

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040326

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 506

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0499

2 0490

3

4 0

5 1

6

7 1

8 3

9 9/160

10 16

11 049

12 3-0

13 2-0

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

506

FILED OCT 25 1963

1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)

Joplin

Length of stay in lb

30 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

St. John's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jasper

c. CITY

Carl Junction

OR TOWN

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Route #1

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

Floyd

Middle

Bray

Last

4. DATE OF DEATH

Month

Day

Year

Oct.

18

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

8-29-1922

9. AGE (last birthday)

41

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mech. & Custom Butcher

10b. KIND OF BUSINESS OR INDUSTRY

Machinery Co. & Packing House

11. BIRTHPLACE (City and state or country)

Ensign, Kansas

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Roy Bray

13b. MOTHER'S MAIDEN NAME

Edith Jackson

14. NAME OF HUSBAND OR WIFE

Treva Bray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no none

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Treva Bray, Carl Junction, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Toxemia

INTERVAL BETWEEN ONSET AND DEATH

* days

DUE TO (b)

2nd & 3rd burns 65% of body

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Explosion of stove (natural gas & wood)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

7:15 10-15-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

home

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Carl Junction Jasper Mo.

21. I attended the deceased from

10-15-63

to 10-18-1963

and last saw him alive on 10-18-16

Death occurred at

8:30 a.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-20-1963

23c. NAME OF CEMETERY OR CREMATORY

Carl Junction

23d. LOCATION (City, town, or county)

Carl Junction, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Mason Chapel, 108 Range Line, Joplin, Mo.

25. DATE RECD. BY LOCAL REG.

10-22-1963

26. REGISTRAR'S SIGNATURE

Doore Merriam

(Licensed Embalmer's Statement on Reverse Side)

108040-7115

OCT 31 1963

EXP 3 1964

REV
10P40

0
1
1
R

P40
O-E

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lee Mason

Licensed Embalmer No. 4568

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.